

**Environmental
Health
Service Series
on Community
Organization
Techniques**

**Organization of Community
Groups in Support of the Planning
Process and Code Enforcement Ad-
ministration**

**Identification of Leaders and Their
Involvement in the Planning Process**

**They Do a Job No One Else Can
Do: The Health Educator Aide Pro-
gram for Improving Environmental
Health Conditions in the Inner City**

They do a job no one else can do

The Health Educator Aide Program for
improving environmental health conditions
in the inner city

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service ◦ Environmental Health Service

Bureau of Community Environmental Management
Rockville, Maryland 20852

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A friendly visit begins a relationship in which the Health Educator Aide can function as a communicator and motivator, helping people to help themselves. (Here the HEA wears a uniform, but in many programs regular clothing is worn.)

FOREWORD

A Person-to-Person Approach for Helping People to Achieve Cleaner Surroundings and Better Health

Health educators and other community improvement organizations today have a great deal of technical know-how for attacking environmental health problems. In the worst poverty areas of our inner cities, however, improvement lags far behind what might reasonably be expected.

Numerous programs have been devised in recent years to help the urban poor change or reorient their lives. Many of these programs provide emergency or referral services through which families are put in contact with particular community agencies. This approach uses the usual information channels for connecting needy persons with sources of help.

But the usual channels do not do much for those who have traditionally been called the "hard to reach." Many of our most impoverished families do not join clubs or voluntary associations and so are not reached by speakers. Many are not reached by mass media education campaigns. And professional health educators cannot adequately reach many of those whose environmental health habits and practices are often a source of dissatisfaction to others in their immediate neighborhoods, and to the community as a whole.

The Health Educator Aide is a man or woman who lives in the general area of the population group to be assisted. He knows the conditions in these areas; he can relate to those who need assistance. He is trained in health sanitation techniques and has also had special training to help him be an effective communicator and motivator—one who is skilled in arousing in others a desire to do what needs to be done. Working under supervision of professional health educators, the HEA can be effective in a person-to-person approach for motivating residents and landlords in ways that help bring about improvement of environmental health conditions in the inner city.

This booklet tells how Health Educator Aides can be utilized in various ways for helping the populations in poorer neighborhoods to achieve cleaner surroundings and better health. Public health administrators in many cities have found that these local aides—specialized service persons—can make a substantial contribution to the upgrading of the poverty areas. The HEA's, usually with a high school education in addition to their personal understanding of neighborhood conditions, are uniquely qualified for the work. Quite literally, they do a job no one else can do.

Local health and welfare administrators may want to give serious consideration to the possibility of using Health Educator Aides in their communities.

The Environmental Health Service of the U.S. Public Health Service offers consultative services and complete training systems to help State and city authorities set up and operate Health Educator Aide programs.

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U.S. DEPARTMENT OF
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Where municipal garbage and refuse collection service is adequate, the Health Educator Aide can motivate residents to do their part in achieving environmental clean-up.



How the ~~HEA Program~~ helps improve environmental health conditions

IN URBAN POVERTY NEIGHBORHOODS much of the housing is far below minimum sanitation standards. The common areas are woefully inadequate. The delivery of municipal health and other welfare services to the "hard to reach" in the inner city needs to be greatly improved. In most cities the health professionals, though always in short supply, have managed to reach many of the people for whom their programs of environmental health have been designed.

There are, then, two groups directly concerned with educational activities that will help eliminate undesirable sanitation practices. They are:

- Those poverty area citizens who are coping with their problems—and who are affected most by the poor health and sanitation practices of others which, literally, "hit them where they live."
- The city officials—and particularly, of course, the health administrators and their staffs.

The first group, the residents who get the information they need and follow desirable health practices, show that much can be done under adverse conditions. Families may live side by side in the same community, yet one family will keep its dwelling and premises in adequate condition while another will exist in disarray and dilapidation.

The need for environmental improvement is great.

The progress of environmental improvement has been slow and tedious in areas of urban blight where many Americans live under crowded and difficult conditions. The following statistics indicate some of the problems:

- Over 14 million Americans who live in urban areas are classified as poverty cases. The majority live in our crowded inner cities.
- About 20% of the housing units in the United States are classified as deteriorating or dilapidated. Most are located in our inner cities.
- Of the 27 million families that live in urban areas, over 3.8 million have an income of less than \$3,000 per year. Most of these families live in substandard environments.
- Infant mortality rates in some inner city poverty areas range from three to five times the national average. These areas also have high rates for diseases and other debilitating conditions.
- Most of the rat bites occur in the inner city poverty areas; also there is greater incidence of carbon monoxide poisonings from unvented space heaters, and more lead poisoning in children due in part to their eating the peeling flakes from deteriorating lead-base paints.

Many approaches are needed for the improvement of environmental conditions in areas of urban blight. While Health Educator Aides cannot make living conditions wholly satisfactory in these areas, they can do much to help insure that full advantage is taken of all available services and assistance.

The HEA as Communicator and Motivator

Often enlightenment, information—education in a broad sense—is one of the important needs of those who do not follow good environmental health practices. And the enlightenment must be provided in such a way that the recipients will want to change. When residents are properly enlightened, motivation often follows.

The Health Educator Aide functions as a communicator of information on such matters as sanitation techniques, insect and rodent control, and the availability of various health and welfare services. And through his understanding and feeling for his clients in a person-to-person relationship, often he can help some of the most apparently unaware and disinterested to achieve notable changes in their lives.

The HEA, then, is primarily a communicator and motivator. His role is helping others to help themselves.

The uninitiated are often astounded when they visit poverty neighborhoods and learn what great differences there can be in the life styles of people in diverse population groups. Health Educator Aides find people who have little or no knowledge of nutrition. They find



many who have no knowledge of techniques or practices for family planning. They find countless people who get sick and have no idea of what the nearby public health clinics could do for them.

Cultural differences are often extreme. For example, many mothers know how to use a washing machine—but others don't. One HEA found a mother of seven washing clothes by hand, while a washing machine stood unused in a corner of the apartment. She had no idea how to operate the machine. The HEA sent a serviceman who explained the washing machine to her and helped her to begin to use it. It was the beginning of a friendly relationship which enabled the HEA to help the woman with some of her other problems, too.

Another HEA wrote in her report:

"Some of the people are uneducated and don't have the information they need about sanitation and health. They need to understand the proper handling of garbage, so as to help get rid of rats. They need assistance with housing and other problems. Very often they need someone to get the landlords to live up to their responsibilities."

Health and welfare workers cannot know about the problem of every family in their areas unless all of them are reached and reported. Here the Health Educator Aide performs one of his most important functions. He delivers to his clients the information they need from the city, and he provides a continuing flow of facts about environmental health problems from the neighborhoods to responsible city authorities.

Health Educator Aides work with residents in neighborhood block meetings for attacking such problems as unsanitary environmental conditions which provide food and refuges for rats.



Health Educator Aides are selected for their first-hand knowledge of conditions and their sensitivity to the problems and needs of the people in poverty areas.



The HEA function—a vital component of other programs

The Health Educator Aide program was designed to play a **part** in making a city's other health and sanitation programs more successful. An HEA program is not intended to operate alone, without relation to other programs or projects. The HEA's function at their best as the "**educational component**" in such programs or activities as insect and rat control, housing code enforcement, referral systems, neighborhood service centers, model city programs . . . and others.

For example, a resident living in a third-floor apartment who throws refuse out the window in the general direction of the trash can in the back yard—because she is physically unable to get up and down the stairs without great difficulty—might need assistance in more ways than one. Because of her physical disability, referral to a health clinic might be indicated. She might also need the help of a housing relocation agency in finding a first-floor apartment. Meanwhile, the HEA would help the resident arrange for proper disposal of her refuse.

Selecting and Training Health Educator Aides

HEALTH EDUCATOR AIDES gain much of their own motivation through first-hand knowledge and continuing observation of the needs of those who live in impoverished urban environments. Living in or near the communities in which they work, the HEA's are "of the people"—they can work well with them because they know their housing and other environmental health problems. HEA's should be selected with these essential characteristics in mind:

- They should be socially concerned.
- They should be sensitive to the feelings and needs of others.
- They should have a knack for creating a climate of trust in which they can function effectively in their role of communicator and motivator.

Both men and women serve as Health Educator Aides. Both are needed. Women, and especially mothers, can usually communicate best with women who in a great many cases are heads of families.

Male HEA's are usually more effective in encouraging the cooperation of fathers in changing health and sanitation practices. And in some neighborhoods only a man may be willing to visit families where dark hallways or other conditions seem menacing to women HEA's.

It has been found that a man-and-woman team is often the most effective approach.



Health Educator Aides give basic information and advice on infant and child care related to the home environment. They may arrange for visiting nurses when necessary, or make referrals to clinics.

In recent years other types of aides have been employed in environmental health fields. For example, the sanitation aide, the health auxiliary, and the community aide. All of these have carried out tasks of real benefit to the residents of poverty areas. But few, if any, have had the combination of training and experience which is represented by the Health Educator Aide. The HEA is prepared not only to offer certain types of direct assistance to residents, which



The Health Educator Aide promotes the cooperation of landlords and tenants in living up to their responsibilities, thus getting necessary repairs made and residences maintained in better condition.

has been the principal activity of other types of aide, but he is also capable of helping to bring about changes in attitudes and behavior. With this combination of capabilities the Health Educator Aide:

- Teaches basic skills in environmental health practices. Trains people in good habits of sanitation and personal health care.
- Functions as a mediator between families and the landlord to bring about improvements in housing conditions. Takes necessary steps to induce landlords to fulfill their obligations.

- Arranges referrals to appropriate agencies for medical care, job placement, or other individual and family services.
- Attempts to interest families in forming neighborhood or block associations for concerted attacks on their common problems, such as unsanitary conditions that provide rodent food and harborage.

Both men and women, when they have been properly selected and trained, tend to find their HEA work so gratifying that most of them change jobs only when promotions are offered within the HEA or related programs.

Mr. Edward F. King, administrator of an HEA project in Chicago, made this comment: "In providing the motivation for a family to make changes or a reorientation in its way of life, we often depend upon HEA's who have lived with similar problems and have a realistic idea of the difficulties involved. The sharing of this kind of personal experience is the basis for the effectiveness of the program."

Training combines classroom and work experience

The HEA's are selected for resourcefulness, flexibility and personal understanding of the people with whom they work. In their training, rigidly structured approaches to the varied and often unpredictable realities of life in poverty neighborhoods are avoided. Emphasis is placed on problem-solving techniques.

The initial training period is two weeks, the first of which is devoted to classroom sessions. A week of combined work experience and classroom sessions follows. Then there is an evaluation follow-up on the work experience.

After the initial training and evaluation period, the work teams meet together in weekly discussions. In these meetings they exchange reports of their experiences in the application of human relations and problem-solving techniques covered in the classroom sessions.

Finally, there is continuing on-the-job training in the form of one-day or two-day seminars held periodically for the entire group. Here again, the emphasis is on discussion and interchange of the Health Educator Aides' personal experiences with methods found useful for accomplishing their objectives.

Classroom instruction covers such topics as home safety and injury control, the handling of household refuse, insect and rodent control, health aspects of food storage and preparation, and general sanitation both in the home and the neighborhood. The HEA learns how to acquaint people with the available community health services, and how to make referrals as needed. He learns to observe and report dwelling deficiencies such as plumbing and heating equipment that won't work, broken stairs and railings, leaking roofs, damaged walls and broken windows.



Many a youngster may have a better chance in life because trained Health Educator Aides help bring about improvement in the environmental health conditions of his early years.

Health Educator Aides have proved themselves in action

THE HEALTH EDUCATOR AIDE "pilot" or demonstration project was carried out in Chicago in 1966 as a part of the educational component of a rodent control program. Twenty HEA's were employed full-time under joint sponsorship of the Chicago Board of Health and the U.S. Public Health Service.

Since this initial period the Chicago program has operated under full city management. The HEA's continue with rodent control work and also function in other health and sanitation activities. The HEA program in Chicago has received favorable comment from those involved at all levels of participation, including tenants and landlords.

Other cities are finding Health Educator Aides effective in helping to bring about improvement in sanitation and health conditions. Several programs have been set up and more are in the planning stage. Some of the cities that have had programs in effect for some time are:

CLEVELAND. This program operates under the Environmental Health Services Division of the Cleveland Health Department. It is a part of the educational component in rodent control activities, but also works extensively in other areas of the health field.

Mr. William Smith, health worker in charge of the HEA program, reported that the HEA's work closely with various community groups and make frequent referrals. "In rodent control," he said, "they have been extremely effective in gaining the cooperation of the residents."

BALTIMORE. This is another city where the Health Educator Aide program is a part of rodent control activities but also works in other health and sanitation areas. Mr. Paul Morris, health educator in charge of the program, reported that the HEA's work successfully with groups in gaining neighborhood support for rat control. "They make talks to these groups," he said, "using films and other aids, to help communicate the importance of cooperating with personnel involved in the rat program."

NORFOLK. The HEA's here are attached to a rat control project which is an element of a model cities program. "We have been very pleased," said Mr. George W. Hackworth, project supervisor, "with the many things our Health Educator Aides can do. They have been of much direct assistance to the target area residents, and have

contributed greatly to city-wide public education through publicity generated in Norfolk newspapers and over radio and TV stations."

NASHVILLE. Mr. James Talley, health educator in charge of this HEA program, reported that the city's sanitarians have noted much more cooperation by residents wherever the HEA's have been working. "The HEA's," he said, "often help to minimize the need for enforcement proceedings, because most people will cooperate in health and sanitation matters if approached in the right way."

Setting up and operating a Health Educator Aide Program

THE EXPERIENCE of cities with environmental health programs has shown the futility of short-range or "one-shot" approaches. The Health Educator Aide program is not such an approach. It was designed to be applied in a difficult and complex endeavor—nothing less than a direct attempt to help reorient the attitudes of people who live under conditions of extreme poverty and disadvantage.

Therefore, the HEA program should be developed and administered by a permanent community agency rather than through volunteers or temporary administrative structures. Since the activities of the HEA relate most directly to the health of the people, most cities place the program under the health department. It can also be placed under the agency charged with enforcement of housing codes. If this is done, it is desirable to arrange for close and effective liaison with health officials.

The Health Educator Aides have been discussed primarily in the context of environmental health services, which include, for example, accidents and injury control in the home, health aspects of overcrowding, dwelling standards, neighborhood recreational facilities, solid waste collection, community noise, water and sewer service, and air pollution. However, HEA's can also be useful in other urban community programs, such as those concerned with neighborhood rehabilitation, job opportunities, and urban planning and implementation.

Requests for additional information and assistance in setting up a Health Educator Aide program should be made to the appropriate Regional Assistant Administrator, Environmental Health Service, U.S. Department of Health, Education, and Welfare. See Page 11 for a list of Regional Offices and the States they serve.

List of Regional Offices

U. S. Department of Health, Education, and Welfare

REGION I

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island,
Vermont

Regional Assistant Administrator
Environmental Health Service
John F. Kennedy Building
Government Center
Boston, Massachusetts 02203

REGION II

New Jersey, New York, Puerto Rico,
Virgin Islands

Regional Assistant Administrator
Environmental Health Service
Federal Building
26 Federal Plaza
New York, New York 10007

REGION III

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
West Virginia

Regional Assistant Administrator
Environmental Health Service
401 North Broad Street
Philadelphia, Pennsylvania 19108

REGION IV

Alabama, Florida, Georgia, Kentucky,
Mississippi, North Carolina, South
Carolina, Tennessee

Regional Assistant Administrator
Environmental Health Service
50 Seventh Street, N.E.
Atlanta, Georgia 30323

REGION V

Illinois, Indiana, Michigan,
Minnesota, Ohio, Wisconsin

Regional Assistant Administrator
Environmental Health Service
New Post Office Building
433 West Van Buren Street
Chicago, Illinois 60607

REGION VI

Arkansas, Louisiana, New Mexico,
Oklahoma, Texas

Regional Assistant Administrator
Environmental Health Service
1114 Commerce Street
Dallas, Texas 75202

REGION VII

Iowa, Kansas, Missouri,
Nebraska

Regional Assistant Administrator
Environmental Health Service
601 East 12th Street
Kansas City, Missouri 64106

REGION VIII

Colorado, Montana, North Dakota,
South Dakota, Utah, Wyoming

Regional Assistant Administrator
Environmental Health Service
Federal Office Building
19th and Stout Streets
Denver, Colorado 80202

REGION IX

Arizona, California, Nevada, Hawaii,
Guam, American Samoa, Trust
Territories of Pacific Islands,
Wake Island

Regional Assistant Administrator
Environmental Health Service
Federal Office Building
50 Fulton Street
San Francisco, California 94102

REGION X

Alaska, Idaho, Oregon,
Washington

Regional Assistant Administrator
Environmental Health Service
Arcade Building
1319 Second Avenue
Seattle, Washington 98101